



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER
Ralph T. Hudgens, Commissioner



www.ocl.ga.gov

Phone: 855-235-5174

Email: GAInslicensing@psionline.com

AGENTS LICENSING

Request For New & Terminated Certificate Of Authority

GID-393-AL AUG2014

1. GENERAL INSTRUCTIONS

- A. This request should be submitted by the insurer only.
B. **DO NOT REMIT ANY PAYMENT AT THIS TIME**, the Department will bill the insurer monthly for all new appointments processed within the previous month.
C. If the appointing company is registered with SIRCON, the "preferred" process is to complete this request on-line at: www.sircon.com
D. There are no fees for Certificate Of Authority Termination.
E. Certificates of Authority may not be processed for temporary licenses.
F. Mailing Address WITHOUT PAYMENT: PSI Services LLC, 2997 Cobb Parkway SE, P.O. Box 723957, Atlanta, GA 31139

2. NEW/TERMINATED CERTIFICATE OF AUTHORITY INFORMATION

Indicate type of request by placing an "X" in the appropriate box and completing the related section.

☐ **ADD A NEW CERTIFICATE OF AUTHORITY**

Do not remit any payment at this time. A certificate of Authority (appointment) will cover all classes **COMMON BETWEEN THE INSURER AND THE APPOINTED LICENSEE.**

☐ **TERMINATE AN EXISTING CERTIFICATE OF AUTHORITY**

Complete the section below. Requests for termination must be submitted within 30 days of the termination date. There is no fee for a Certificate of Authority termination.

Termination Effective Date: _____

Reason for Termination: _____

Is this a termination for cause?

☐ No

☐ Yes

If yes, please attach all supporting documentation with this form.

3. LICENSEE INFORMATION

Print the agent's name as it appears on the agent's Georgia Insurance license in the box

Last Name		First Name		MI	Suffix (Jr., Sr.)
License Number		National Producer Number		EIN	

I, the undersigned agent, certify that I am properly licensed in the State of Georgia for the Certificate of Authority for which I am applying.

Agent Signature

Date

4. INSURER INFORMATION

Print the insurer's name as it appears on Georgia's company records on the line provided. Print insurer's NAIC number on the line provided. The authorized company official must sign and date the document.

Insurer Name

Insurer's NAIC Number

We, the undersigned, have made a diligent inquiry and investigation relative to this applicant's identity, residence and experience or instruction, including a character report by an agency not affiliated with this company, as to the classes of insurance to be transacted and are satisfied that the applicant is trustworthy and qualified to act as our agent and to hold himself out in good faith to the general public as such agent. We desire that he/she represent us in your state. I, the undersigned officer, certify that the insurer has in its possession a copy of this applicant's current and valid license and that the applicant has received a copy of this request for appointment. Further, we understand that it is a violation of the Georgia Insurance Statutes for any company to accept applications for insurance from an applicant if the applicant is not properly licensed.

SIGNATURE OF AUTHORIZED
COMPANY OFFICIAL

NAME OF AUTHORIZED
COMPANY OFFICIAL

DATE

Contact Phone Number

Contact Fax Number